

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107585621 FILING DATE

APPLICANT(S)

CLAIMS

ART. 34 AM'D.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	1		1			
12		1	1			
13		1	1			
14	3		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)	—	—			
20	(1)		1			
21	(1)		1			
22	(1)		1			
23	(1)		1			
24	(1)		1			
25	(1)		1			
26	(1)		1			
27	(1)		1			
28	(1)		1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	31	←	25	←	←	
TOTAL CLAIMS	33	[REDACTED]	27	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	